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RULES CLEARINGHOUSE

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CLEARINGHOUSE RULE 96-173

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated October 1994.]

2. Form, Style and Placement in Administrative Code

a. The department’s analysis cites s. 440.035 (1), Stats., as the statute being interpreted. Is not s. 459.34 (2) (b), Stats., being interpreted? The incorrect citation may be a result of the current style of s. HAS 6.09. The rule which Clearinghouse Rule 96-173 affects, s. HAS 6.09 (2) (o), is part of a definition of “conduct in the practice of speech-language pathology or audiology which evidences a lack of knowledge or ability to apply professional principles or skills.” [See s. HAS 6.09 (2) (intro.).] However, the defined phrase is not used in s. HAS 6.09. Presumably, the defined term is for purposes of s. 459.34 (2) (b), Stats. Under s. HAS 6.09 (1) (g), a violation of that statutory provision is grounds for discipline. [Note, also, that s. HAS 6.09 (1) (g) refers twice to ch. HAS 6 -- “this chapter” or “ch. HAS 6.”] The Examining Board may wish to clarify the relationship of s. HAS 6.09 (2) to s. HAS 6.09 (1).

b. The rule does not indicate whether the advice of the Council on Speech-Language Pathology and Audiology was received concerning the proposed rule. [See s. 459.23, Stats.]

5. Clarity, Grammar, Punctuation and Use of Plain Language

The department’s analysis: (a) fails to indicate which credential holders the rule addresses; and (b) fails to indicate that the current prohibition is on evaluating patients **solely** by correspondence. Presumably, the change made by the rule allows credential holders to evaluate patients solely by correspondence. The analysis should be clarified in this regard. Also, the analysis appears to indicate that a credential holder will be able to evaluate by correspondence

“and make recommendations on treatment.” How does this comport with the remaining rule prohibition against treatment solely by correspondence? The analysis should not mislead a credential holder into making “recommendations on treatment” based solely on fax or computer records.